



ALABAMA DEPARTMENT OF REVENUE  
MOTOR VEHICLE DIVISION  
Mandatory Liability Insurance Unit  
P.O. Box 327650  
Montgomery, AL 36132-7650

<Name>

<Name>

<Address>

<City>, <State> <ZipCode>

**OUTSIDE MAILER ENVELOPE PANEL**

## **Mandatory Liability Insurance Notice of Suspension**

Date of correspondence: <LetterDate>

Section 32-7A-4, Code of Alabama 1975, requires vehicle owners to maintain liability insurance on motor vehicles operated or registered in this state. The department has determined the following reason for a possible registration suspension: <input reason.>

In order for the department to verify evidence of insurance, **please complete the online insurance questionnaire at: [mli.mvtrip.alabama.gov](mailto:mli.mvtrip.alabama.gov)**. The license plate number and PIN included in this mailer will be needed to complete the online questionnaire. If you are unable to complete the questionnaire online, please complete and return this mailer by fax to (334) 353-8105 or mail. Your insurance company will be contacted to verify the information provided.

**Failure to respond to this questionnaire will result in the suspension of your vehicle registration on the following date:** <effective date of suspension>. If there was a violation of the MLI law, the earliest date eligible to end the suspension is: <earliest end susp date>. For additional information regarding this matter, please contact the department at: [mli@revenue.alabama.gov](mailto:mli@revenue.alabama.gov) or (334) 242-3000.

## Insurance Verification

**Insurance Verification Date:** <VerificationDate>

**Registrant Name:**<Name>  
<Name>

**PIN #:** <PIN>

**License Plate:** <TagNumber>

**Vehicle Identification No.:** <VIN>    **Make:** <VehicleMake>    **Model:**<VehicleModel>    **Year:** <VehicleYear>

Was the vehicle identified above insured on the above insurance verification date? Please select <b>ONE</b> response below.															
YES <input type="checkbox"/> Insurance information must be provided below, <b>OR</b>															
NO <input type="checkbox"/> The vehicle was operated/registered without insurance on the above insurance verification date. NOTE: The registration will be suspended. Please refer to <a href="http://mli.mvtrip.alabama.gov">mli.mvtrip.alabama.gov</a> for reinstatement instructions and appeal rights, <b>OR</b>															
NO <input type="checkbox"/> The vehicle was stored/inoperable on the above insurance verification date. NOTE: The registration will be revoked. Please refer to <a href="http://mli.mvtrip.alabama.gov">mli.mvtrip.alabama.gov</a> for instructions and appeal rights.															
Insurance Company Name:															
Insurance Co. NAIC Number:							This 5-digit number is required and can be found on your insurance card. Contact your insurance agent if you are unable to locate this number.								
Insurance Co. Street Address:															
Ins. Co. City, State, Zip:										Ins. Co. Phone Number:					
Policy Number:															
Policy Effective Date:										Policy Expiration Date:					
Signature:												Date:			

**Barcode**

**REGISTRANT RESPONSE PANEL**

<Name>  
<Name>  
<Address>  
<City>, <State> <ZipCode>

Place  
Stamp  
Here

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**RETURN MAILER PANEL**